ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH County Registrar No. City of	PLACE OF BURTH						
ORIGINAL CERTIFICATE OF BIRTH County Registrar No. C. T. Local Registrar No. T. It child is not yet named, if child in event of plural births. S. Rer of Child in verent of plural births. S. No. in order of birth. S. No. in order of birth. MOTHER Full maiden name Purchase (City or place) Residence (Usual place of abode) If nonresident, give place and state 16. Color or race (Usual place (city or place) (State or country) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry Nomber of children of this mother (Taken as of time of birth of child herein (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES It hereby certify that I attended the birth of this child, who was contained make this return. A stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES Residence (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES Residence (City or place) (State or country) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES I hereby certify that I attended the birth of this child, who was contained make this return. A stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physician or midwife) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES (Physic	1. County of Jela	ARIZOI	NA STAT	E BOAF	RD OF HE	EALTH	
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